N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

JAN 23 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

45378

File No. .....

Registered No. 429

1. PLACE OF DEATH

County St. Louis

Township Carondelet

City Jefferson Barracks (No. Veterans Hospital St. ..... Ward)

Registration District No. 1123

Primary Registration District No. 4248 13

2. FULL NAME Gus Maedling

(a) Residence, No. St. Louis Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Maedling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th 1877

7. AGE: YEARS 57 MONTHS 1 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed

10. Date deceased last worked at this occupation (month and year) Dec 17th 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo

FATHER

13. NAME Fred Maedling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER

15. MAIDEN NAME Sophie Fouch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

17. INFORMANT (ADDRESS) Arthur Ledera MD

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Dec 27 1934

19. UNDERTAKER (ADDRESS) Geo. L. Pleytsch Inc 5966 Easton Ave

20. FILED Dec 24 1934 G. Mowry (Dep.) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17th 1934 to Dec. 24th 1934

I last saw him alive on Dec. 24th 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Cardiac insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. C. Gibson, M. D.

(Address) for Dr. Arthur Ledera